

	Original Effective Date: 01/01/2000 Last Revision Date: 01/30/2009 Revision Effective Date: 01/05/2012	Page 1 of 3	Policy Number FIN-300
Subject: Washington Charity Care Policy	Authorization: VP Revenue Cycle		

Purpose:

The purpose of this policy is to outline the circumstances under which charity care discounts may be provided to qualifying low income patients for medically necessary healthcare services provided by Providence Health and Services (PH&S).

Policy:

PH&S is a Catholic healthcare organization guided by a commitment to its Mission and Core Values, designed to reveal God's love for all, especially the poor and vulnerable, through compassionate service. It is both the philosophy and practice of each PH&S ministry that medically necessary healthcare services are available to community members and those in emergent medical need, without delay, regardless of their ability to pay.

1. PH&S will comply with federal and state laws and regulations relating to emergency medical services and charity care.
2. PH&S will provide charity care to qualifying patients with no other primary payment sources to relieve them of all or some of their financial obligation for medically necessary PH&S healthcare services.
3. In alignment with its Core Values, PH&S will provide charity care to qualifying patients in a respectful, compassionate, fair, consistent, effective and efficient manner.
4. PH&S will not discriminate on the basis of age, sex, race, creed, color, disability, sexual orientation, national origin, or immigration status when making charity care determinations.
5. In extenuating circumstances, PH&S may at its discretion approve charity care outside of the scope of this policy.

Eligibility Requirements:

Charity care is secondary to all other financial resources available to the guarantor including but not limited to insurance, third party liability payors, government programs and outside agency programs. In situations where appropriate primary payment sources are not available, guarantors may apply for charity care based on the eligibility requirements in this policy.

Charity care is granted for medically necessary services only. For PH&S hospitals, these are appropriate hospital based services as defined by WAC 246-453-010(7). For other ministries and physician services these are medically necessary services as defined by PH&S.

Patients who reside outside the PH&S service area where services are provided are not eligible for charity care, except under the following circumstances:

- The patient requires emergent services while visiting in PH&S's service area.
- The medically necessary service is not performed at a PH&S facility in the service area where the patient resides.

The PH&S service area is defined as the Washington counties serviced by the PH&S hospital.

Eligibility for charity care shall be based on financial need at the time of application. All resources of the family as defined by the WAC¹ are considered in determining the applicability of the PH&S sliding fee

¹ As defined in WAC 246-453-010(17).

scale in Attachment A.

The full amount of hospital charges will be determined to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

The PH&S sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with incomes between 101% and 400% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges. Hospital charges may be written off as charity care for guarantors with family income in excess of 400% of the federal poverty level when circumstances indicate severe financial hardship or personal loss.

PH&S may choose to grant charity care based solely on an initial determination of a guarantor's status as an indigent person. In these cases, documentation may not be required. In all other cases, documentation is required to support an application for charity care. This may include: proof of income and assets from any source, including but not limited to copies of recent paychecks, W-2 statements, income tax returns, and/or bank statements showing activity. If adequate documentation cannot be provided PH&S may ask for additional information.

Evaluation Process:

PH&S will display signage and information about its charity care policy at appropriate access areas.

A person seeking charity care will be given a preliminary screening and if this screening does not disqualify him/her for charity care, an application will be provided with instructions on how to apply. As part of this screening process PH&S will review whether the guarantor has exhausted or is not eligible for any third-party payment sources. Where the guarantor's identification as an indigent person is obvious to PH&S a prima-facie determination of eligibility may be made and in these cases PH&S may not require an application or supporting documentation.

A guarantor who may be eligible to apply for charity care after the initial screening will be given fourteen (14) days to provide sufficient documentation to PH&S to support a charity determination. Based upon documentation provided with the charity application, PH&S will determine if additional information is required, or whether a charity determination can be made. The failure of a guarantor to reasonably complete appropriate application procedures shall be sufficient grounds for PH&S to initiate collection efforts.

An initial determination of sponsorship status and potential eligibility for charity care will be completed as closely as possible to the date of service.

PH&S will notify the guarantor of a final determination within fourteen (14) business days of receiving the necessary documentation.

The guarantor may appeal the determination of ineligibility for charity care by providing relevant additional documentation to PH&S within thirty (30) days of receipt of the notice of denial. All appeals will be reviewed and if the determination on appeal affirms the denial, written notification will be sent to the guarantor and the Department of Health in accordance with state law. The final appeal process will conclude within thirty (30) days of the receipt of a denial by the applicant.

AUTHORIZATION:

Teresa Spalding
VP Revenue Cycle

Signature on file

Date: 01/05/2012

ATTACHMENT A
PH&S WA Charity Care Percentage Sliding Fee Scale

The full amount of hospital charges will be determined to be charity care for any guarantor whose gross family income is at or below 100% of the current federal poverty guideline level (consistent with WAC 246-453), provided that such persons are not eligible for other private or public health coverage sponsorship (see RCW 70.170.060 (5)).

For guarantors with income and resources above 101% of the FPL the PH&S sliding fee scale below applies.

In determining the applicability of the PH&S sliding fee scale all resources of the family as defined by WAC 246-453-010(17) are taken into account for guarantors with income and assets between 101% and 200% of the FPL.

For guarantors with income and assets above 200% of the FPL household income and assets are considered in determining the applicability of the sliding fee scale.

Income and assets as a percentage of Federal Poverty Guideline Level	Percent of discount (write-off) from original charges	Balance billed to guarantor
101-200%	100%	0%
201-222%	90%	10%
223-244%	80%	20%
245-267%	70%	30%
268-289%	60%	40%
290-311%	50%	50%
312-333%	40%	60%
334-356%	30%	70%
357-378%	20%	80%
379-400%	10%	90%